

Fig. 1

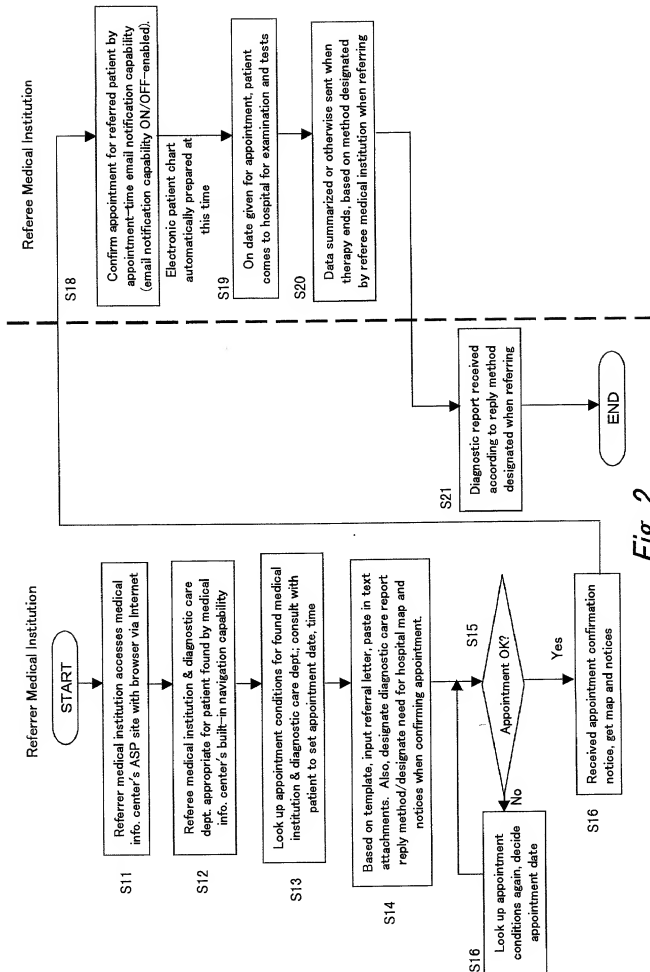


Fig. 2

Hospital Code	
Hospital Name	
Map Code	
Particulars	Address
	Director Name
	TEL
	FAX

Fig. 3

Membership Number	
Password	
Member Name	
Detailed Content	Name of Medical Institution
	Affiliation
	Address
	TEL
	FAX

Fig. 4

Hospital Code
Department Code
Department Name

Fig. 5

Hospital Code
Department Code
Doctor Code
Doctor Name
Referral Determination Comment

Fig. 6

Hospital Code
Map Info.

Fig. 7

Symptom Classification	Primary Classification Code
	Secondary Classification Code
	Tertiary Classification Code
Hospital Code	
Department Code	

Fig. 8

Classification Division	
Symptom Classification	Primary Classification Code
	Secondary Classification Code
	Tertiary Classification Code
Classification Name	

Fig. 9

Hospital Code
Detailed Content of Notices

Fig. 10

Key Info.	Department Code
	Doctor Code
	Date
	Start Time
	End Time
Patient ID	
Appointment Comments	

Fig. 11

Patient Chart Number	
Patient Info.	Patient ID
	Name
	...
Treatment Info.	Observations
	Test Results
	Problems
	...
Data History Info.	Creator
	Date Created
	Edition

Fig. 12

User ID
Password
Title
Text of Message
Attachment Info.
Send Date

Fig. 13

User ID
Password
User Name
Affiliation Info.
...

Fig. 14

Patient ID
Patient Name
Age
Sex
Birthday
Address
TEL
...

Fig. 15

Key Info.	Department Code
	Physician Code
	Date
	Start Time
	End Time
Patient ID	
Appointment Comments	

Fig. 16

Key info.	Department Code
	Doctor Code
	Date
	Start Time
	End Time
Patient ID	
Appointment Comments	

Fig. 17

Comprehensive Medical Info. Service

Membership Number

Password

Fig. 18

Service List

Notification Service

Message Service

Medicine Info. Service

Patient Referral Service

Fig. 19

Hospital Search

Search Method Search by Hospital ▼

Search by Address
 Search by Symptom Name
 Search by Symptom Classification

Keyword

Search
Cancel

Fig. 20

Search Results

A Hospital	E Department	Dr. Ichiro
B Hospital	F Department	Dr. Jiro
C Hospital	G Department	Dr. Saburo
D Hospital	H Department	Dr. Shiro

Appointment Application
Cancel

Fig. 21

Hospital
Department: Referral Calendar for Dr. Saburo

July

Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4
		X	X	X	X
5	6	7	8	9	10
X	X	O	O	X	X
11	12	13	14	15	16
X	O	O	O	X	X
17	18	19	20	21	22
O	X	X	O	O	X
23	24	25	26	27	28
O	O	O	O	O	X
29	30	31			
O	O	O			

Fig. 22

Hospital
Department: Referral Calendar for Dr. Saburo

Appointment Conditions for Tuesday, July 18

9:00~10:00	3/5
10:00~11:00	5/5
11:00~12:00	5/5
12:00~13:00	3/5
13:00~14:00	2/5
14:00~15:00	2/5

Fig. 23

Referral Particulars
(Diagnosis, Observations,
etc.)

Attached Files

Hospital map, notices for
confirming appointment ☒ Needed ☐ not needed

Method to send back
diagnostic report ☐ Email ☐ mail ☐ FAX ☐ TEL

Comments

Fig. 24

Appointment Confirmation

Hospital

Department Dr.Saburo

Tuesday, July 18, 1:00 p.m. to 2:00 p.m.

Detailed Content of Referral

We have made an appointment for patient
Mr./Ms. _____

OK

Fig. 25